

Case Number:	CM15-0206373		
Date Assigned:	11/19/2015	Date of Injury:	01/31/2013
Decision Date:	12/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old female patient, who sustained an industrial injury on 1-31-2013. The diagnoses include shoulder pain, shoulder impingement, status post shoulder surgery, and chronic pain. Per the doctor's note dated 10/27/15, she had complaints of left shoulder pain at 5/10 without medications and at 3/10 with medications. Per the doctor's note dated 9-16-2015, she had complains of left shoulder pain, "unchanged". Pain was rated 3 out of 10 with medications. Pain was described as aching in the left shoulder, with numbness and tingling in the left arm and hand. She reported that her muscles felt sore after using H wave. Exam of the left shoulder noted 5 of 5 strength, except 5- of 5 in the left deltoid (unchanged from 3-2015), sensation diminished in the thumb, index, and middle finger on the left (noted as intact on 3-27-2015), limited abduction to 70 degrees due to pain and forward flexion normal but caused pain, internal rotation close to normal but with increased pain. Medications included Methadone, Norco, and Bupropion SR. Occupation was "disabled". She had Electromyogram and nerve conduction studies of the upper extremities which revealed normal findings; left shoulder MRI dated 3/8/13 which revealed supraspinatus tendinosis and subscapularis tendinosis. She has undergone several lumbar spine surgeries and left shoulder surgery on 1-24-2014. She had physical therapy and transcutaneous electrical nerve stimulation unit. Per the Request for Authorization dated 9-17-2015, the treatment plan included magnetic resonance imaging of the left shoulder. On 9-28-2015 Utilization Review non-certified a request for magnetic resonance imaging of the left shoulder with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 MRI of the left shoulder with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15), Magnetic resonance imaging (MRI).

Decision rationale: 1 MRI of the left shoulder with contrast. According to ACOEM guidelines "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery.; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." She had left shoulder MRI dated 3/8/13, which revealed supraspinatus tendinosis and subscapularis tendinosis. She has undergone left shoulder surgery on 1/24/2014. Per the ODG guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Per the doctor's note dated 9-16-2015, she had complains of left shoulder pain, with numbness and tingling in the left arm and hand. She has objective findings on physical exam of the left shoulder- 5- of 5 in the left deltoid, sensation diminished in the thumb, index, and middle finger on the left, limited abduction to 70 degrees due to pain and forward flexion normal but caused pain, internal rotation close to normal but with increased pain. There is physiologic evidence of tissue insult. He was treated with medications, physical therapy and left shoulder surgery. The cited guidelines support the request for a MRI of the shoulder with contrast in this patient at this time. The request of 1 MRI of the left shoulder with contrast is medically appropriate and necessary for this patient.